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CITY OF LONG BEACH



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Parks & Recreation
Paul Ferrante

DEPARTMENT OF PARKS & RECREATION

27th ANNUAL ROBERT MCAVOY
FIVE MILE RUN

Saturday, October 8, 2016 - 8:00am

REGISTRATION: Early Registration \$25.00 before October 6 at 3:00 p.m.
Late Registration \$30.00 day of race from 6:30 a.m. – 7:30 a.m.

REGISTER ONLINE: visit www.longbeachny.gov/rec or www.runsignup.com

SEND ENTRIES TO: 27th Annual Labor Day Five Mile Run
Long Beach Recreation Department
700 Magnolia Boulevard
Long Beach, NY 11561 (Payable to City of Long Beach)

COURSE: Accurately measured five (5) mile, flat and fast course.
Start & finish on Laurelton Blvd and the boardwalk. Race timing by Start To Finish.
**No baby strollers allowed on race course **

AWARDS: Awards to the first four male and female winners in each age category: 14 & under, 15 – 19, 20 – 24, 25 – 29, 30 – 34, 35 – 39, 40 – 44, 45 – 49, 50 – 54, 55 – 59, 60 – 64, 65 – 69, 70 – 74, 75 – 79, 80+; first overall male & female finishers; first Long Beach male & female finishers; and first in wheelchair division.

T-SHIRTS: Given to all registrants at number pick up on DAY OF RACE beginning at 6:30 a.m.

For more information visit www.longbeachny.gov/rec

All race participants are welcome to
use the Beach for free by showing
race # at beach entrance!



2016 Robert C. McAvoy Labor Day Five Mile Run (Registration - please print clearly)

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Long Beach Recreation Department and the City of Long Beach their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this run and my physical condition has been verified by a licensed medical doctor.

PRINT NAME _____ M _____ F _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TEL. # _____

AGE on 10/8 _____ D.O.B. _____ WHEELCHAIR _____

E-MAIL _____

SIGNATURE _____ PARENT SIGNATURE _____
(If under 17 years of age)

FOR RECREATION DEPT. USE ONLY			
RECEIPT # _____	AMOUNT PAID _____	DATE _____	STAFF _____